



Supplemental Application Data Sheet

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	CHOLESTEROL LOWERING SUPPLEMENT
Attorney Docket Number::	2001-1233
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: NETHERLANDS  
Status:: Full Capacity  
Given Name:: ~~CHEN~~ QI  
Middle Name::  
Family Name:: ~~QI~~ CHEN  
City of Residence:: BEUNINGEN  
State or Province of Residence::  
Country of Residence:: THE NETHERLANDS  
Street of Mailing MIJL 40  
Address::  
City of Mailing Address:: BEUNINGEN  
State or Province of Mailing Address::  
Country of Mailing Address:: THE NETHERLANDS  
Postal or Zip Code of Mailing Address:: NL-6641 RH

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: NETHERLANDS  
Status:: Full Capacity  
Given Name:: HENDRICUS BARTHOLOMEUS ANDREAS  
Middle Name::  
Family Name:: DE BONT  
City of Residence:: BENNEKOM  
State or Province of Residence::  
Country of Residence:: THE NETHERLANDS  
Street of Mailing BEATRIXLAAN 23  
Address::  
City of Mailing Address:: BENNEKOM  
State or Province of Mailing Address::  
Country of Mailing Address:: THE NETHERLANDS  
Postal or Zip Code of Mailing Address:: NL-6721 EH

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: NETHERLANDS  
Status:: Full Capacity  
Given Name:: LUUTSCHE  
Middle Name::  
Family Name:: VAN DER ZEE  
City of Residence:: ARNHEM  
State or Province of Residence::  
Country of Residence:: THE NETHERLANDS  
Street of Mailing Address:: A. VAN NIEUWENAARLAAN 16

City of Mailing Address:: ARNHEM  
State or Province of Mailing Address::  
Country of Mailing Address:: THE NETHERLANDS  
Postal or Zip Code of Mailing Address:: NL-6824 AN

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: NETHERLANDS  
Status:: Full Capacity  
Given Name:: MIRIAN  
Middle Name::  
Family Name:: LANSINK  
City of Residence:: UTRECHT  
State or Province of Residence::  
Country of Residence:: THE NETHERLANDS  
Street of Mailing Address:: FIVELINGO 87

City of Mailing Address:: UTRECHT  
State or Province of Mailing Address::  
Country of Mailing Address:: THE NETHERLANDS  
Postal or Zip Code of Mailing Address:: NL-3524 BJ

Applicant Authority Type:: Inventor

Primary Citizenship Country:: NETHERLANDS  
 Status:: Full Capacity  
 Given Name:: KLASKE  
 Middle Name::  
 Family Name:: VAN NORREN  
 City of Residence:: RENKUM  
 State or Province of Residence::  
 Country of Residence:: THE NETHERLANDS  
 Street of Mailing Address:: FLUITERSDREEF 4

City of Mailing Address:: RENKUM  
 State or Province of Mailing Address::  
 Country of Mailing Address:: THE NETHERLANDS  
 Postal or Zip Code of Mailing Address:: NL-6871 LP

**Correspondence Information**

Correspondence Customer Number:: 000466

**Representative Information**

Representative Customer Number::	000466
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignment Information**

Assignee Name:: N.V. NUTRICIA

Street of Mailing Address:: P.O. BOX 1

City of Mailing Address:: ZOETERMEER

State or Province of Mailing Address::

Country of Mailing Address:: NETHERLANDS

Postal or Zip Code of Mailing Address:: NL-2700 MA